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## BIB DATA SHEET

CONFIRMATION NO. 9703

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                                    | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.   |
|--|---|--|---|--|
| 10/781,949   | 02/20/2004  | 128                                      | 3772  | JPD-4398-286   |
| <b>RULE</b>  |   |  |   |  |
| <b>APPLICANTS</b><br>Anthony M. Ging, Summer Hill, AUSTRALIA;<br>Philip R. Kwok, Chatswood, AUSTRALIA;<br>Gary C. Robinson, East Killara, AUSTRALIA;<br>Bianto Santoso, Kingsgrove, AUSTRALIA;<br>Rachael E. Moore, North Bondi, AUSTRALIA;<br>Patrick J. McAuliffe, Chatswood, AUSTRALIA; |   |  |   |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/448,533 02/21/2003 NP 08.11.2011<br>and claims benefit of 60/465,790 04/28/2003   |   |  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |  |   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/12/2004   |   |  |   |  |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/Nihir Patel/</u><br>Examiner's Signature               | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>AUSTRALIA | <b>SHEETS<br/>DRAWINGS</b><br>32  | <b>TOTAL<br/>CLAIMS</b><br>14 <del>13</del> NP<br><b>INDEPENDENT<br/>CLAIMS</b><br>5 <del>2</del> NP |
| <b>ADDRESS</b><br>NIXON & VANDERHYE, PC<br>901 NORTH GLEBE ROAD, 11TH FLOOR<br>ARLINGTON, VA 22203<br>UNITED STATES  |   |  |   |  |
| <b>TITLE</b><br>NASAL MASK ASSEMBLY  |   |  |   |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1600   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |